

READY TO MAIL YOUR REINSTATEMENT APPLICATION?

When you are ready to mail your application, place the forms to be sent to the Board in the following order:

- ☐ **COMPLETE PAGES 1-5 OF THE APPLICATION PACKET. ATTACH YOUR CHECK TO PAGE 1 OF THE APPLICATION.**
- ☐ **CV/RESUME**
The Georgia Composite State Board of Medical Examiners requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education, employment, and medical activities, including your present position, employment, and specialty.** **Give a complete chronological accounting of any gaps in training or experience.**
- ☐ **BOARD CERTIFICATION – If you are board certified, please attach a copy of your Board Certificate.**
- ☐ **REFERENCE FORM – FORM B1**
Two Reference Forms are required - one each from licensed physicians who are not related to you and have known you and have been familiar with your practice for **more than six months.** Complete your part of this form by filling out your name, address, city, state and zip code. **DO NOT COMPLETE THE SECTION FOR THE REFERENCE SOURCE.**
In addition, the forms must meet the following criteria:
 - Sent by licensed physicians familiar with your practice and who are not related to you, and have known you more than six months.
 - Original signature and date of signature of reference source.
 - The date of the reference source's signature is invalid six months of the date it was signed.
 - **Faxed forms are not accepted.**The Physician should complete the reference form and return it to you in a **sealed envelope.** **Have the physician sign his/her name across the back of the envelope.** **Do not open the envelope;** send it with your application packet. Formal letters of reference are not accepted in lieu of the Reference Form because questions on the form are required to be answered by the Composite State Board of Medical Examiners. **Altered envelopes which contain official, original, certified official documents will not be accepted. NO WHITEOUTS OR STRIKEOUTS WILL BE ACCEPTED.**
- ☐ **MALPRACTICE QUESTIONNAIRE FORM – FORM E1**
Complete this form whether or not you have ever had malpractice filed against you. Copies of the Plaintiff's Complaint and either the Settlement agreement or Dismissal Order are required by the Board. The copies must be provided in an 8-1/2 by 11 format. For civil actions, provide all documentation of complaint and settlement agreement or dismissal order. The Armed Forces has their documentation dealing with the same areas of complaint and adjudication – these must be provided as well. These can be your own copies or copies obtained from your attorney or the county court of jurisdiction or Armed Forces branch of service.
- ☐ **EXAMPLE OF SPECIFIC POWER OF ATTORNEY – FORM G1**
If you want an agency or other individuals who you designate to handle the application process, a Specific Power of Attorney form must be **signed and notarized** in order for the staff to discuss your application status with anyone other than the applicant.
- ☐ **NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**
These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope** – **send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted.**

You do not have to submit this NPDB-HIPDB report if:
 - **You are presently unlicensed in any state;**
 - **You have only held a temporary, limited or training license;**
 - **Or if you are a Canadian licensed physician.**
- ☐ **CME – CONTINUING EDUCATION CREDITS**
Submit documentation of completing 80 Hours of continuing education within the last TWO years (i.e., for 2004, provide CME documentation for 2002 – 2004). Documentation submitted must meet Board approved programs. Please refer to our website; www.medicalboard.georgia.gov for additional information on continuing education credits.